

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90122 037 \*\*\*150.00

DOCUMENT # 849108

1. Corporation Name

MARLBORO INDUSTRIAL PARK, INCORPORATED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1981

4. FEI Number

22-1710941

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

F&L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LUHRS, JOHN H  
STREET ADDRESS P.O. BOX 1030, ROUTE 441 N/A  
CITY-ST-ZIP ALACHUA FL 32615

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE VPD  
NAME LUHRS, WARREN R  
STREET ADDRESS P.O. BOX 1030, ROUTE 441 N/A  
CITY-ST-ZIP ALACHUA FL 32615

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE ST  
NAME DINGLER, BRIAN  
STREET ADDRESS 255 DIESEL RD  
CITY-ST-ZIP ST AUGUSTINE FL 32086

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE AS  
NAME ASH, RICHARD  
STREET ADDRESS 255 DIESEL ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE AS  
NAME MCOMBER, RICHARD  
STREET ADDRESS 54 SHREWSBURY AVENUE  
CITY-ST-ZIP RED BANK NJ 07701

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE V  
NAME SPIRES, CHARLES  
STREET ADDRESS P.O. BOX 1030 RT 441 N/A  
CITY-ST-ZIP ALACHUA FL 32615

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

(732) 842-6500

Daytime Phone #

CR2E034 (11/98)